

OWCP SAN FRANCISCO DISTRICT
Federal Employees' Compensation Program

FEDERAL EMPLOYING AGENCIES (EAs): TIPS TO EXPEDITE PROCESSING BILLS, FORMS, & CORRESPONDENCE FOR FEDERAL WORKERS' COMPENSATION CASES

✱ *ENSURE THAT PROVIDERS' BILLS CONTAIN INFORMATION REQUIRED FOR PROCESSING:*

Case number, IW's full name spelled correctly
Provider's Central Bill Pay ID number, Provider's complete billing name & address (include zip)
Bill itemized by AMA CPT-4 code (only one code per line). Cannot consider "balance forward" charges
Revenue Center Codes for non-procedural services [Category 2 above]
Current AMA CPT-4 codes (USDOL cannot use State codes, such as, CA CPT codes)
Provider's signature with degrees or credentials (stamps accepted) [Category 1 above]

✱ *ENSURE CORRECT SUBMISSION OF REQUESTS FOR REIMBURSEMENTS FOR BILLS PAID BY IW:*

IW must claim travel expenses on OWCP-957 Form, "Travel Voucher" form. Can submit other reimbursement requests on HCFA 1500 form, with required information.

Same information required as for bill submission (see above). Use form CA-915 for pharmacy reimbursements. Provider's Central Bill Pay ID number must be on reimbursement request. Tape (don't staple) receipts on 8 1/2" x 11" piece of paper.

IW must submit proof of payment either in the form of an itemized bill or receipt that clearly shows payment was made or photocopies (not originals) of canceled checks - front and back.

✱ *SPEED PROCESSING OF BILLS/FORMS/CORRESPONDENCE TO OWCP:*

Make sure the case number and IW's name are stated on each page of each document.
Do not attach cover sheets to any documents (they are discarded).
Do not forward duplicates of any documents (e.g., duplicate medical reports).
Make sure that Forms CA-1, 2, 2a, 7, 16 are on top of any group of documents for priority action.
Submit Forms CA-1, 2, 2a, 7 within the time frames required by regulations. Do not wait for the initial medical report to submit Forms CA-1 or CA-2.

✱ *FACILITATE PROCESSING ON NEW CASES:* Ask medical providers to submit all bills, medical reports, and other documents, through the EA until the provider is advised of the case number. Once an EA submits Form CA-1, "Notice of Injury," to OWCP, hold bills/forms/correspondence received until EA receives the case number. Then, post the case number on each document and submit them to our Kentucky address. If any documents come to EA at the time the CA-1 is received, send as attachments to the CA-1.

✱ *USE CORRECT ADDRESS:* Send claim forms CA1, CA2, CA2a, CA7, and CA16's (with associated documents) to OWCP at P.O. Box 193769 (zip code 94119-3769). Send **ALL** other documents (subsequent medical reports, bills, and correspondence) to our Kentucky address shown below.

United States Department of Labor
DFEC Central Mailroom - 13
PO Box 8300
London, Ky 40742-8300

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